

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM TO-875)

SERIAL NO.

FILED DATE

10

/559089

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.			←	9	←				←				
TOTAL CLAIMS			11										
TOTAL IND.									↓				
TOTAL DEP.									←				
TOTAL CLAIMS									←				